



Receipt
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Gianinni	Examiner:	Unknown
Serial No.:	09/531,102	Group Art Unit:	2768
Filed:	March 17, 2000	Docket No.:	JARB.004PA
Title:	Merged Images Viewed Via A Color-Code Scheme		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on JUN 21, 2000.

By: Erin M. Nichols
Erin M. Nichols

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner of Patents
Application Processing Division
Customer Correction Branch
Washington, D.C. 20231

Dear Sir:

Enclosed is a photocopy of the filing receipt from the United States Patent and Trademark Office in the above-identified application showing requested corrections. The filing receipt is erroneous in the following respects as reflected in the papers originally filed. The correct name of the inventor is "Robert Gianinni."

Please correct the filing receipt to show the correct inventor's name.

Correction of the records of the United States Patent and Trademark Office and issuance of a corrected filing receipt are respectfully solicited.

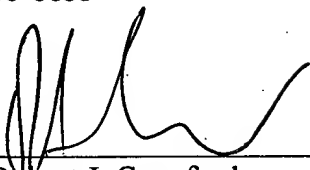
Please forward all future correspondence to the undersigned.

Respectfully submitted,

CRAWFORD PLLC
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Suite 390
St. Paul, MN 55120
(651) 686-6633

Dated: June 20, 2000

By: _____


Robert J. Crawford
Reg. No. 32,122



Bib Data Sheet


**UNITED STATES DEPARTMENT OF
COMMERCE**
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SERIAL NUMBER 09/531,102	FILING DATE 03/17/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. JARB.004PA	
APPLICANTS Robert Gianinni, Jersey City, NJ ; Robert J. Crawford, Apple Valley, MN ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/159,476 10/14/1999 AND CLAIMS BENEFIT OF 60/167,493 11/24/1999					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/31/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
ADDRESS Crawford PLLC 1270 Northland Drive Suite 390 St. Paul ,MN 55120					
TITLE Merged images viewed via a color-code scheme					
FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		